



## AUTHORIZATION TO RELEASE INFORMATION FROM MY EDUCATION RECORDS

Student Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Check one or more of the following:

- I hereby authorize the release of my mid-term and final grades for \_\_\_\_\_ Semester \_\_\_\_\_ Year
- I hereby authorize the release of my mid-term and final grades each term.
- I hereby authorize oral and/or written communication with Milligan College faculty.
- I hereby authorize oral and/or written communication with Milligan College staff.
- I hereby authorize the release of information related to my student account and financial aid, including oral and/or written communication with Milligan College Student Financial Services staff, as requested.
- I hereby authorize the release of information related to injuries received as a result of my participation in intercollegiate athletics.

Permission to release to:

**(1) Name:** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(2) Name:** \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This completed form should be submitted to:

**Registrar's Office**  
**Fax to 423.461.8716**  
**Mail to P.O. Box 52**  
**Milligan College, TN 37682**

**Questions? Call 423.461.8788**